

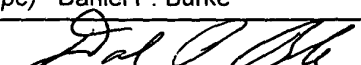
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Approved for use through 10/31/2002 OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional application under 37 CFR 1.53(b))</i>	Attorney Docket No.: First Named Inventor: Title: Express Mail Label No.:	1282-8CIP Ronald P. Spinello DENTAL ANESTHETIC INJECTION APPARATUS AND METHODS FOR ADMINISTERING DENTAL INJECTIONS EV 171218511 US			
APPLICATION ELEMENTS <i>See MPEP chapter 6000 concerning design patent application contents</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status <i>See 37 CFR 1.27</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages - 45] <i>(preferred arrangement set forth below, MPEP 1503.01)</i> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings(s) (37 CFR 1.152) [Total Sheets - 24] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages - 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) a. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior appl., see 37 CFR 1.63(d)(2) and 1.33(b)</i> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies <hr/> ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS) PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: ...PTO-2038 Form.....			
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>10/347,668</u> Prior application information: Examiner: _____ Group Art Unit: <u>3763</u> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below					
Name	GALGANO & BURKE				
Address	300 Rabro Drive, Suite 135				
City	Hauppauge	State	New York	Zip Code	11788
Country	USA	Telephone	631-582-6161	Fax	631-582-6191
Name (Print/Type)	Daniel P. Burke		Registration No. (Attorney/Agent)	30,735	
Signature			Date	9/17/03 September 17, 2003	

03945 U.S. PTO 10/16/2003



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FEE TRANSMITTAL FOR FY 2003

Effective 01/01/200. Patent fees are subject to annual revision

☒ Applicant claims small entity status.

See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$642.00)

Application Number:
Filing Date:
First Named Inventor:
Examiner Name:
Group Art Unit:
Attorney Docket No.:

Complete If Known

To Be Assigned

September 17, 2003

Ronald P. Spinello

3763

1282-8CIP

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 07-0130

Deposit Account Name: Galgano & Burke

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application except for issue fee

☐ Charge fee(s) indicated below, except for filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	375.00
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$375.00)

2. EXTRA CLAIMS FEES FOR UTILITY & REISSUE

Extra Claims Fee from below Fee Paid

Total Claims 45 - 20** = 25 x 9.00 = 225.

Independent Claims 4 - 3** = 1 x 42.00 = 42.

Multiple Dependent 0 = 0.00

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	**Reissue independent claims over original patent	
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$267.00)

**or number previously paid, if greater;
For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1805	2520	1812	2520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1450	2254	725	Extension for reply within fourth month	
1255	1970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1510	1451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1300	2453	650	Petition to revive - unintentional	
1501	1300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection 37 CFR §1.129(a))	
1810	750	2810	375	For each additional invention to be examined 37 CFR §1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

SUBTOTAL (3) (\$0.00)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

COMPLETE (if applicable)

Name (Print/Type) Daniel P. Burke

Registration No. 30,735

T lephone: 631-582-6161

Signature

Daniel P. Burke

Date: September 17, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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